TOWN OF LAUDERDALE-BY-THE-SEA SENIOR CENTER ELIGIBILITY REQUIREMENTS



GRANT (ARMILIO)	LBTS RESIDENT	NON-RESIDENT LBTS
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6O and over No age limit No age limit

Meet income requirements No income requirement No income requirement

Broward County Resident Proof of LBTS residence N/A

No fee \$30

Fill out forms w/ Armilio Forms w/Town Clerk Forms w/Town Clerk

TOWN of LAUDERDALE-BY-THE-SEA SENIOR CENTER ACTIVITIES

4501 Ocean Drive Lauderdale-By-The-Sea, Florida 33308 (954) 776-0576

Registration Fee: \$30.00 (Non-Residents)						
\$ - 0 - (Residents)						
Name	JOEK	DALE.	Gender	M F		
	U	Alle	AN			
Street	Ci	ty	ZIP			
Father's Name (if a minor)	Home Phone	Work Phone	Cel	II Phone		
Mother's Name (if a minor)	Home Phone	Work Phone	Cel	Il Phone		
IMPORTANT	: PLEASE READ and SIGN	(Please Initial Each Area)	<u>ı:</u> ★ INITIA	L ALL		
Sea (LBTS), its officers, agents, st from injuries or damages sustained the Town of Lauderdale-By-The-Setheir behalf from responsibility or negligent act or omission of any connected with my and/or my childread this release in its entirety, full by its terms and conditions. PROOF OF INSURANCE: Please properties of the properties of t	ed resulting from my and/orea. I hereby indemnify and liability for any injury or d of those mentioned or or d's participation in any act y understand the contents arovide the Town with a cop I grant permission to use	or my child's participation hold harmless all the aformation amage to myself and/or of thers acting on their bestivities at the Town of Laus thereof and by execution by of "proof of insurance" army and / or my child's	in any Town spoorementioned and my child including half or in any wauderdale-By-The-Son below, expressly for you and/or yo photograph in a	onsored activities at others acting upon any caused by the ay arising out of or Sea. I have carefully agree to be bound our child:		
I have read and agree to the LB	TS's policies on refund	s, photographs, and the	e LBTS liability v	waiver.		
	-	s, priotographo, and the	3-3-			
Signature of Registrant/Parent/	Legal Guardian:		Da	ate:		
The State of Florida County of	1947	400				
The following instrument was acknowledged	ledged before me this	day of,	by			
	who is personally known t	o me or who has produced _		as		
identification.						
My Commission Expires:	FLO	KIUh	of Notary			
	Return Complete	d Applications to:				
	Town of Lauderd	dale-By-The-Sea				
		ENTER ACTIVITIES				
		tean Drive				
	Lauaeraaie-By-	-The-Sea 33308				

LBTS Use Only: Proof of Insurance provided_____ Verify All are Initialed & Signed:_____

BROWARD COUNTY (Fort Lauderdale, FL HMFA) HUD ANNUAL INCOME LIMITS LAST UPDATE: 03/2009

A HOME eligible household must have an income equal to or less than the limits cited below, depending on the Project.

Note: These limits may be periodically adjusted by HUD, please use most recent data

HOUSEHOLD	80% OF COUNTY MEDIAN	60% OF COUNTY MEDIAN	50% OF COUNTY MEDIAN
1 Person	\$42,850.00	\$32,160.00	\$26,800.00
2 Persons	\$48,950.00	\$36,720.00	\$30,600.00
3 Persons	\$55,100.00	\$41,340.00	\$34,450.00
4 Persons	\$61,200.00	\$45,900.00	\$38,250.00
5 Persons	\$66,100.00	\$49,560.00	\$41,300.00
6 Persons	\$71,000.00	\$53,220.00	\$44,350.00
7 Persons	\$75,900.00	\$56,940.00	\$47,450.00
8 Persons	\$80,800.00	\$60,600.00	\$50,500.00